

## Access to Health Services Implementation Plan



<b>Group:</b>	Community Health Improvement Plan (CHIP)
<b>Program/Initiative</b>	Access to Health Services
<b>Goal #1</b>	Improve understanding of healthcare coverage and navigation of resources.

### Implementation Plan

<b>SMART Objective</b> <i>Develop an “Access to Health Services” centralized resource for Kane County residents by December of 2023.</i>	<b>*Outcome/Impact Indicator</b>	<b>Objective Lead</b>
	Impact	<b>Objective Team</b>

**Comments:**

<b>Activities</b> <i>(What are the steps you will do to accomplish the objective?)</i>	<b>Target Dates for completion</b>	<b>Performance Metrics</b> <i>(How will I know that we’ve successfully completed the activity)</i>	<b>Activity Leads</b> <i>(Who is primarily responsible to do/update this Activity?)</i>
1. Conduct a comprehensive assessment of current community “access to health services” resources by payer (medical, dental, behavioral health, medical supplies, medications).	April 2022	Percentage of completion	
2. Compile descriptions of all insurance plans (PPO, HMO, Tricare, Medicare, Medicaid, etc.). –possibly adapt cms version	April 2022	Percentage of completion	
3. Create community member and provider surveys related to barriers to accessing health services (by payer and zip code). (practice managers, navigators)	June 2022	Percentage of completion	
4. Implement community member and provider surveys related to barriers to accessing health services (by payer and zip code).	October 2022	Percentage of completion	
5. Analyze community member and provider surveys related to barriers to accessing health services (by payer and zip code).	December 2022	Percentage of completion	
6. Compile supplementary options/funding to address gaps in payer coverage.	March 2023	Percentage of completion	
7. Identify location/method/format of centralized resource.	May 2023	Percentage of completion	
8. Create centralized resource (flowchart, FAQ, website, infographics, etc.)	December 2023	Percentage of completion	

\* Impact = how you will change attitudes, knowledge or behavior in the short term  
 Outcome = the long-term expected outcome

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### Implementation Plan

<b>SMART Objective:</b> <i>Create and implement a communications campaign to increase awareness of access to health services resources by December, 2024.</i>	<b>*Outcome/Impact Indicator</b>  Impact	<b>Objective Lead</b>  <b>Objective Team</b>
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**Comments:**

<b>Activities</b> <i>(What are the steps you will do to accomplish the objective?)</i>	<b>Target Dates for completion</b>	<b>Performance Metrics</b> <i>(How will I know that we've successfully completed the activity)</i>	<b>Activity Leads</b> <i>(Who is primarily responsible to do/update this Activity?)</i>
1. Engage partners who are willing to participate in campaign (creating content, sharing, etc.) and form communications workgroup.	March 2024	Percentage of completion	
2. Create communications campaign schedule.	March 2024	Percentage of completion	
3. Create and delegate creation of content and input into schedule.	May 2024	Percentage of completion	
4. Implement communications campaign.	October 2024	Percentage of completion	
5. Continuous QI for sustainability	Bi-Annual Review	Percentage of completion	

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 Outcome = the long-term expected outcome

## Access to Health Services Implementation Plan



<b>Group:</b>	Community Health Improvement Plan (CHIP)		
<b>Program/Initiative</b>	Access to Health Services		
<b>Goal #2</b>	Improve transportation to healthcare providers and services for disparately impacted communities		
<b>Implementation Plan</b>			
<b>SMART Objective</b> <i>Promote current transportation resources for health services to the Kane County Community by December 2024.</i>	<b>*Outcome/Impact Indicator</b> Impact	<b>Objective Lead</b>	
		<b>Objective Team</b> AHS-Workgroup 2	
<b>Comments: group will clearly define “disparate communities”.</b>			
<b>Activities</b> <i>(What are the steps you will do to accomplish the objective?)</i>	<b>Target Dates for completion</b>	<b>Performance Metrics</b> <i>(How will I know that we’ve successfully completed the activity)</i>	<b>Activity Leads</b> <i>(Who is primarily responsible to do/update this Activity?)</i>
1. Gather current health care transportation options/dollars by location and payer and eligibility requirements.	March 2022	1 document summarizing current HC transportation options.	Krystal Spracklen(KDOT-Ride in Kane) Mariana Martinez (RCMC) Representative from PACE Representative from ACS Representative from each FQHC Joel from Community Health Partnership
2. Analyze transportation gaps for disparate communities.	May 2022	Percentage of completion	
3. Host survey disparate communities and medical providers to understand root causes of barriers to transportation.	October 2022	Percentage of completion	
4. Host focus groups of community members and medical providers to understand root causes of barriers to transportation.	October 2022	Percentage of completion	
5. Identify opportunities to address root causes.	November 2022	Percentage of completion	
6. Create an improvement plan based on current system and root causes.	December 2022	1 improvement plan	
7. Implement the plan.	TBD-2024	Percentage of completion	
8. Assess impact of efforts.	TBD-2024	Percentage of completion	

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 Outcome = the long-term expected outcome